Navy & Marine Corps Medical News
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Contents for this week's MEDNEWS:

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Headline: Anthrax online: straight shooting from DoD
By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- Are DoD's mandatory anthrax inoculations really safe? Why is anthrax suddenly such a big deal? Why does not DoD make the shots optional and let each of us decide for ourselves what protection we need?

If you have asked any of these questions, you are in good company, because many service members have since May. That is when Defense Secretary William Cohen made the anthrax vaccinations mandatory. You can find out why and answers to many other questions at "Countering the Anthrax Threat," a new Web site highlighted on "DefenseLink," DoD's Internet home page at http://www.defenselink.mil/ or go directly to http://www.defenselink.mil/specials/Anthrax.

The Web site developers said they had only one audience in mind: service members and their families. By replacing medical jargon with straightforward language and using strong visuals, the developers felt they could make it much easier to understand the purpose of the anthrax immunization program and why it is so important to force protection.

"We think the site is both informative and 'eye-friendly,'" said one of the developers. "We included an easy-to-follow site index so service members can quickly find answers to their questions on a range of topics including the immunization sequence and the vaccine's safety record. Whenever possible we we've also included compelling graphics and images to make sure the deadly reality of anthrax comes across loud and clear."

The site provides a range of features. One section called "Facts vs. Myths" addresses common misconceptions about the disease, the vaccine and the immunization program. Another section gives a historical overview of anthrax. For instance, the disease is thought to be the fifth plague of

seven visited on Egypt in the time of Moses, about 1500 B.C. The deadly disease was called the "Black Bane" during the Middle Ages.

Rear Admiral Michael Cowan, medical readiness director for the Joint Staff, called anthrax the "poor man's atom bomb" and increasingly the weapon of choice of rogue nations and transnational terrorists. That is why DoD made the vaccination program mandatory, he said. "By immunizing our force, we are immunizing ourselves against an 'atomic' bomb."

If you have questions or comments about the information contained at this Web site, forward them to DoD online at http://www.defenselink.mil/faq/comment.html.

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Headline: Telemedicine performs diagnosis of its own technology

By CAPT Richard S. Bakalar, MC, National Naval Medical Center Bethesda

BETHESDA, Md. -- Quality assurance is a very important concern of Navy Medicine, not only for the quality practice of the medical team, but also for equipment providing data used in medical evaluations.

Recently, doctors at the National Naval Medical Center were concerned about the quality of the x-rays they were receiving via teleradiology from USS Enterprise (CVN 65). Fifty-two transmitted images indicated exposure problems that would make a doctor's clinical interpretation difficult or impossible.

A quick consultation with the ship by the Multimedia Integrated Distributed Network team of software engineers, biomedical repair technicians, radiology physicists and the ship's medical representatives got right to the source of the problem.

As a result of the conference, a series of adjustments to the ship's x-ray machine were implemented along with using new quality control materials and techniques. Then, follow-up sample test images were transmitted and evaluated and reassessment of the x-ray exposure technique was made to optimize image quality.

Follow-up evaluation sessions of x-rays showed that the forward-deployed battle group was still using a quality piece of medical equipment to diagnose Sailors' and Marines' injuries. With the fix and the new procedures, the Enterprise's teleradiology system is fully operational, providing enhanced image quality.

Once again televised diagnostic technology was useful, but this time it was not used to evaluate a Sailor's injury but to evaluate input to the tele-diagnostic system. And as far as cost savings was concerned, the televised conference fix eliminated the costs of sending technical representatives to the ship.

Bravo Zulu to the technical staff and medical personnel from the ship and the National Naval Medical Center, whose

teamwork contributed to a speedy resolution of the problem.

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Headline: Multiple use of telemedicine enhances Yokosuka medical care
By Bill Doughty, U. S. Naval Hospital Yokosuka

YOKOSUKA, Japan -- New technology at U.S. Naval Hospital Yokosuka is improving service to its patients across Japan and as far away as the island of Diego Garcia in the Indian Ocean. A series of telemedicine initiatives at the hospital means that its patients will be receiving faster and more accurate diagnoses.

Yokosuka has already brought teleradiology online. Teledermatology and teleorthopedics are in the planning stages.

Teleradiology at USNH Yokosuka represents big savings by improving x-ray support over a large area for a huge population. Teleradiology is hooked to a computer network, which links the radiology services at branch medical clinics throughout mainland Japan with radiologists at the core hospital in Yokosuka. The network even extends to Diego Garcia. Eventually, most ships will be linked, as well.

According to LCDR L. LeClair, MC, head of radiology at the hospital, time saving is the big benefit when using teleradiology.

"The key benefit of teleradiology is quicker feedback of [x-ray] results to the provider," he said. "Prior to teleradiology, health care providers at branch clinics had to send their x-ray images by mail to the core hospital to be read by radiologists there. The turnaround time from examination to interpretation was 7 to 10 days for clinics in mainland Japan. The turnaround time for Diego Garcia was 30 days, because they were mailing their films all the way to Naval Medical Center San Diego."

Another benefit of teleradiology is getting quick radiology interpretations for health care providers "in the field," LeClair said. Having that ability keeps Sailors and Marines on the job and cuts down on expensive medical evacuations.

Yokosuka began remote testing of its teledermatology capability December 3. Video images of dermatology, and later, orthopedic consultations will be provided by high resolution digital cameras that send images from the clinics to a dermatologist or orthopedics specialist in the hospital at Yokosuka.

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Headline: Rare transfusion gives child new lease on life
By Douglas J. Gillert, American Forces Press Service

SAN ANTONIO, Texas -- The Sailor's kid is a "normal" 8-year-old these days, playing with friends back home in Portsmouth, Va. The strokes are gone, and so are the abnormal, sickle-shaped red blood cells that once clogged his vessels.

He owes his renewed health to the sure, steady hands of Army Dr. (Lt. Col.) Reginald Moore and a rare bone marrow transfusion he got at the Air Force's Wilford Hall Medical Center here in August. Moore, the staff pediatric hematology/oncology specialist, decided to perform the transfusion after the boy's sister proved a perfect match. Moore said the operation opens the door to more pediatric transplants when and where matches can be found.

"It's difficult to find a bone marrow match, so not a lot of children are going to be candidates for this surgery," Moore said. "There's only been about 200 performed nationwide, and this was the first done in San Antonio and in the military as a whole." But, he added, he has received calls from people interested in the procedure and would like to continue providing sickle-cell transfusions whenever possible.

He said he's confident the red blood cells from the sister's marrow totally replaced the boy's damaged cells. "We won't know for about a year if the sickle cells are totally gone, but that's what our goal is -- that he will no longer have sickle-cell anemia."

The ultimately fatal disease strikes one in every 500 black children; 8 percent of all black Americans have the sickle-cell trait. Of those who contract sickle-cell anemia, many reach maturity but succumb to the disease by their middle 40s.

"The highest death rate, however, occurs in the first five years, Moore said. "Children are born with the disease, and it's best treated early."

Moore's transplant patient remained hospitalized at Wilford Hall 39 days, about average for a bone marrow transplant patient. "He did remarkably well," Moore said. Now, he's back home and under the care of a hospital in Portsmouth, where he will receive regular checkups to see if his cells remain healthy.

New candidates for bone marrow transfusion include children who've had strokes, acute chest problems or other severe conditions, Moore said. The trick is to catch them before they become so ill they require blood transfusions, which can cause hepatitis. "If they have hepatitis, they aren't candidates for the transfusion," he said.

Once a child qualifies, the next step is finding a marrow donor. "There's only one chance in four you'll find a match in a family," Moore said. "If we can't find a relative, we'll then look for an unrelated donor, but that takes a lot more people."

Even if a match is found, Moore cautioned, transplants could be fatal. And the procedure is painful, if not fatal, for the donor.

Despite the difficulty in finding good, healthy matches and the risks involved in the operation, Moore and his fellow Air Force and Army hematology oncologists are eager to offer this new lease on life to other children.

"It's gratifying and very rewarding to see sick children

smiling and healthy, again," he said.

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Headline: Hospital Corpsman has new duty at Olympic training center
By Dan Barber, Naval Hospital Twentynine Palms

TWENTYNINE PALMS, Calif. -- Hospital Corpsman Third Class Kevin Montford, of Naval Hospital Twentynine Palms Laboratory Department recently received a set of orders that are unusual for a Sailor. This 1998 Navy Athlete of the Year is reporting for duty at the Olympic Training Center in Colorado Springs to try out for the United States swim team in the 2000 Olympics.

When the 25-year old Panama City, Fla. native joins Tae-Kwon-Do champion, Hospital Corpsman First Class Elizabeth Evans of Naval Medical Clinic Pearl Harbor, Hawaii, they will become the only two Sailors to train this year where most of America's world class athletes train for Olympic competition.

But for Montford, it will only be the first stop to begin a training regime that he hopes will allow him to earn a spot on the U.S. Olympic Triathlon Team.

"As soon as I get there, I will be sent to Brisbane, Australia for a three month training program, because the training season there is just the opposite of ours," he said.

Montford, who is accustomed to competition, was a member of the Mosley High School swim team until he graduated in 1991, serving two of those years as captain of the team.

"I first saw a Triathlon race in 1989 and thought that I could combine my three favorite sports of swimming, biking and running together and compete too," said Montford.

Since joining the Navy in December 1992 and completing Hospital Corps School, Montford has competed in several races both nationally and internationally. In June of this year he competed in the Military National competition at Point Mugu, Calif., and at the Military World competition in Belgium. In October he competed at the National competition in Oceanside, Calif., where he placed second. Then in November he competed in the Hawaii Ironman competition and the Adventure Race in Dali, China.

For a world class athlete to be looking at long-term goals after sports is pretty tough. "My short-term goals right now are pretty much all-consuming," he said. After I'm done with the sport, maybe I'll try to get into the Navy SEALS."

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Headline: TRICARE call center is customer friendly
By LT Rick Haupt, USN, TRICARE Region Nine

SAN DIEGO - "Foundation Health, TRICARE, this is Jennifer, how may I help you?" asks Jennifer Fontine as she greets beneficiaries calling the TRICARE Beneficiary Services Call Center here.

Fontine's voice never waivers as she answers call after call, with the same friendly voice, the same pleasant demeanor.

As a beneficiary services representative, Fontine is an expert on the TRICARE program in southern California, and she relays her confidence to each and every one of the callers with whom she speaks. The callers query her about everything from basic highlights of the TRICARE program to very specific questions about covered benefits and everything in between. BSRs can handle nearly any question about TRICARE benefits, and if they don't know an answer, they'll find out.

"It's great ending a call when the beneficiary is satisfied," Fontine said. "We always try to resolve any concerns, and if we can't do that immediately, we take their name and number, research the issue and call them back."

The Beneficiary Services Call Center operates Monday through Friday, from 7:30 a.m. to 5:30 p.m.. Their heaviest workload is during Monday and Tuesday mornings.

The typical caller is an active duty or retiree family member who is calling to have the basics of the TRICARE program explained, according to Joyce Johnson, BSR call center supervisor.

"In the past, most people just went to the military hospital or used standard CHAMPUS to get the health care they needed," Johnson said. "Now, with TRICARE, their options have greatly expanded, and people need more guidance on which program might be right for them. We can educate them on anything they need to know about the program."

With space available care at military treatment facilities decreasing and civilian physician fees increasing, Johnson's BSRs are quick to point out the benefits of TRICARE Prime, the managed care option based around Military Treatment Facilities and supported by a network of civilian doctors.

"We tell them up front that their lowest-cost option is [TRICARE] Prime," she said. "It also guarantees them access to care within strict guidelines and provides the highest overall quality of care with the guidance of a primary care manager.

"Of course, TRICARE Extra or Standard may fit some people's unique situations better," she continued. "So we explain those options, too."

The crew of eight BSRs plus Johnson focus on getting information communicated quickly and efficiently. On an average day, they answer between 800-900 calls. This continuous communication effort can be draining on the staff, and indeed, a good BSR has specific qualities that allow them to work in the high-paced, service-oriented environment.

Half of Johnson's staff is either married or related to an active-duty or retired military member. Johnson has eight brothers who were all former military members, which makes her job special, she says.

"Above all else, you have to be a people-oriented person and really care about the people you serve," Johnson says. "You have to be a people person to be able to deal with people concerned about their health."

Johnson began working for Aetna in 1990 under the CHAMPUS Reform Initiative. This initiative developed into what is known as the Prime, Extra and Standard options offered today under the TRICARE program. She began working for Foundation Health in 1996 when it assumed the role as managed care support contractor for the southern California region.

"Our beneficiaries get information from a lot of sources, often, third and fourth hand," Johnson said. "By the time they call us, they can be confused and frustrated. Our BSRs work through those emotions, and when they get the information they need, they're usually very thankful.

"If there is one thing I could tell everybody, it would be to not hesitate to call us," she said. "We'll get you an answer."

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Headline: TRICARE question and answer

Question: Has the active duty family member inpatient hospital rate for TRICARE Standard and TRICARE Extra increased?

Answer: Yes. Effective Oct. 1, 1998, the daily amount active-duty family members pay for inpatient care in civilian hospitals under TRICARE Standard and TRICARE Extra increased from $10.20 to $10.45.

The rate increase means that an active duty family member who is admitted to a civilian hospital for care (except mental health care) under TRICARE Standard or TRICARE Extra will pay the $10.45 daily rate, multiplied by the number of days spent in the hospital--or a flat fee of $25, whichever total is greater.

The inpatient mental health care rate is $20 per day. This rate applies to admissions for:

- Any hospital for mental health services;
- Any residential treatment facility or substance use disorder rehabilitation facility;
- Any partial hospitalization program offering mental health or substance use disorder rehab services.

For more information, contact the health benefits adviser at the nearest uniformed services medical facility, or talk to a staff member at your nearest TRICARE service center.

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Headline: Healthwatch: Is a chiropractor in your future?

By Douglas J. Gillert, American Forces Press Service

SAN ANTONIO, Texas -- Are chiropractors in DoD's future? Well, technically, they're here now. In what could become a normal option for beneficiaries of military health care, DoD hired civilian chiropractors to demonstrate their profession at test sites around the country, including Wilford Hall Medical Center, at Lackland Air Force Base, here.

Although the demonstration began three years ago, Wilford Hall is one of three major service hospitals that entered the test this September. The others are the National Naval Medical Center at Bethesda, Md., and Walter Reed Army Medical Center, D.C. They joined hospitals at Travis Air Force Base and Camp Pendleton, Calif.; Fort Carson, Colo.; Offutt Air Force Base, Neb.; Fort Sill, Okla.; Scott Air Force Base, Ill.; Fort Benning, Ga.; Jacksonville Naval Air Station, Fla.; Fort Jackson, S.C.; and Camp Lejeune, N.C. Each is involved in the Chiropractic Health Care Demonstration Program mandated by Congress in 1994 to find out if chiropractic medicine is feasible for the military. Dr. Sue Bailey, assistant secretary of defense for health affairs, will evaluate results of the demonstration and advise Congress by May 2000 if DoD wants to offer chiropractic medicine department-wide. If patient interest here is any indicator, chiropractic care could catch on fast.

"We maxed out the patient appointment line the first month and were seeing as many as 48 patients a day," said Jim Carlson, who administers the Wilford Hall program.

At all test sites, chiropractic appointments are available to locally based active duty service members and their families, and to retirees and their families located within 40 miles of the servicing hospital. No other doctor can have treated the patients for the condition warranting their visit to the chiropractor.

At Wilford Hall, 90 percent of the patients visiting Dr. Matthew Williams are active duty service members. Since the first month, he and another chiropractor assigned here have been seeing up to 28 patients daily.

Chiropractic medicine involves manual and electronic manipulation and adjustment of the spine, Williams explained. And, because it doesn't involve the use of prescription drugs, Williams said, it's very appealing to pilots and other air crew members who make up a large part of the military population in San Antonio.

Williams said he first evaluates a new patient by taking an oral medical history. All patients also must agree to answer surveys that will be used to evaluate the effectiveness of the demonstration. He defends chiropractic care as feasible for a number of ills.

"The body's structure affects all bodily functions, and the base of the structure is the spinal column," he said. "If the spinal column is out line, that's going to affect other parts of the body, from numbness in the finger tips to severe lower back pain. We try to re-establish proper structure. We don't treat symptoms, we treat causes."

The key to measuring the demonstration's success is the post-care, fourth-week survey, Williams said. "That's where we ask two important questions: 'How successful was the first meeting?' and 'How do you feel today?'," he said.

The neck and back patient load has dropped way off at other clinics, because they're coming here," Carlson said.

And, if DoD bases its decision on the surveys, chiropractic care is highly desirable among beneficiaries, he said. "It's pretty popular."

Williams suggested that anyone considering chiropractic care should give it a try. "Generally, alternative health care doesn't do any harm, and it may help," he said. "If patients have problems we can't treat, we will refer them to the proper specialist."

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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